

SORT: 1010.16

DOCI: DODI 1010.16

DATE: 19941209

TITL: DODI 1010.16 Technical Procedures for the Military Personnel Drug Abuse Testing Program, December 9, 1994

Refs:

- (a) DoD Directive 1010.1, "Military Personnel Drug Abuse Testing Program," December 9, 1994
- (b) Assistant Secretary of Defense (Health Affairs) Memorandum, "Urinalysis Testing for Cocaine, July 29, 1986 (hereby canceled)
- (c) Assistant Secretary of Defense (Health Affairs) Memorandum, "Interim Changes to DoD Directive 1010.1," March 1, 1989 (hereby canceled)
- (d) Acting DoD Coordinator for Drug Enforcement Policy and Support Memorandum, "Interim Policy on Anabolic Steroids," October 20, 1993 (hereby canceled)
- (e) U.S. Postal Service, "Domestic Mail Manual, Section C042.8.3, July 1, 1993

A. PURPOSE

This Instruction:

1. Revises the technical requirements for the Military Personnel Drug Abuse Testing Program as directed by reference (a) and assigns responsibilities for the technical aspects of the testing program.
2. Supersedes references (b) through (d).
3. Establishes procedures for testing for anabolic steroid abuse by military personnel.
4. Ensures that urine specimens collected as part of the drug abuse testing program are supported by a proper chain of custody procedure at the collection site, during transport, and at the drug testing laboratory.
5. Ensures that any Service field testing program complies with the technical requirements established by enclosure 1.

B. APPLICABILITY AND SCOPE

This Instruction applies to:

1. The Office of the Secretary of Defense, the Military Departments (including the Coast Guard when it is operating as a Military Service in the Navy), the Chairman of the Joint Chiefs of Staff, the Unified Combatant Commands, the Inspector General of the Department of Defense, the Uniformed Services University of the Health Sciences, the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components"). The term

"Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2. Tests conducted under the Military Personnel Drug Abuse Testing Program after January 1, 1995.

#### C. POLICY

It is DoD policy to:

1. Use drug testing to deter Military Service members, including those members on initial entry on active duty after enlistment or appointment, from abusing drugs (including illegal drugs and other illicit substances).

2. Use drug testing to permit commanders to assess the security, military fitness, readiness, good order, and discipline of their commands.

3. Ensure that urine specimens collected as part of the drug abuse testing program are supported by a stringent chain of custody procedure at the collection site, during transport, and at the drug testing laboratory.

4. Ensure that all military specimens are tested by a DoD-certified drug testing laboratory, except as permitted by section D. of enclosure 1.

#### D. RESPONSIBILITIES

1. The Assistant Secretary of Defense for Special Operations and Low Intensity Conflict shall ensure that the DoD Coordinator for Drug Enforcement Policy and Support shall:

a. Establish the procedures and standards for the technical aspects of the Military Personnel Drug Abuse Testing Program.

b. Maintain a certification program for drug testing laboratories to test specimens from military personnel and ensure quality and accuracy in the drug analyses performed by each drug testing laboratory.

c. Maintain an inspection process for the DoD-certified drug testing laboratories and the Armed Forces Institute of Pathology (AFIP) Drug Testing Laboratory Quality Control (QC) Program.

2. The Secretaries of the Military Departments shall:

a. Ensure that Service testing programs meet the requirements of this Instruction (and any additional requirements established by the DoD Coordinator for Drug Enforcement Policy and Support (CDEP&S)) and ensure that personnel involved in the collection, handling, transportation, and testing of specimens receive appropriate training.

b. Ensure that Service submitting units support the AFIP QC Program by accepting, preparing, and submitting QC specimens to drug testing

laboratories.

c. Ensure that Service units performing field testing have a compelling need for immediate results and can justify not sending specimens directly to the drug testing laboratories.

d. Ensure that the Military Department provides a written response summarizing the cause, corrective action taken, and the disposition of any false positive reports from testing of personnel specimens.

e. Ensure that organizations testing in support of criminal investigations use legally supportable chain of custody procedures and, at a minimum, conform to the requirements of enclosure 1, subsection F.1., to confirm the presence of drugs and/or drug metabolites in urine specimens. The Secretary of a Military Department may direct the investigative organizations within that Department to comply with all technical procedures for the Military Personnel Drug Abuse Testing Program as established by enclosure 1, if so desired.

f. Ensure that any forensic specimens submitted from military medical treatment facilities are submitted to the military drug testing laboratory using the procedures described in enclosure 1. Specimens that are solely for clinical diagnosis should not be submitted to the military drug testing lab. Specimens collected in clinics or in military rehabilitation programs, solely for the purpose of monitoring abuse of drugs, are forensic specimens and are not clinical diagnostic specimens. The forensic specimens collected for monitoring personnel for the abuse of drugs shall be submitted to military drug testing laboratories.

3. The Secretary of the Army shall provide for ongoing QC and the external proficiency testing of each DoD-certified drug testing laboratory through the AFIP. AFIP QC and proficiency testing samples must be tested under the guidelines of this Instruction. Testing taking place at the AFIP in support of other investigative programs is not required to conform to this Instruction.

#### E. PROCEDURES

1. Anabolic Steroids. The following procedures are established for:

a. Testing. The Services are to test for anabolic steroids by urinalysis, as follows:

(1) In certain target populations on a command-directed basis, as required.

(2) In cases where probable cause exists.

(3) By a random sampling of urine specimens. Each Service is required to test at least 1000 random specimens for anabolic steroids every 2 years.

(4) Anabolic steroid specimens shall be collected using the same procedures for collection and chain of custody, as described in enclosure 1, and be subject to the same restrictions on use of

results, as described in DoD Directive **1010.1** (reference (a))

(5) Testing shall be performed at an anabolic steroid testing laboratory that has current certification from a national or international certifying organization. The certifying organization must maintain an inspection process, initial proficiency testing, and an ongoing blind proficiency testing program with a minimum of two cycles each year. Results of proficiency testing must be made available to the Government. Arrangements shall be made by the Services for contract laboratory services or the development of anabolic steroid testing capability in the military drug testing laboratories.

b. Resources. The cost of the program shall be paid by each Service out of existing counterdrug funds.

c. Education and Counseling. The Services are to establish and maintain education and counseling, for all military personnel, on anabolic steroids and the legal consequences and medical effects of abusing such drugs.

2. Field Testing. The primary mode of testing urine specimens is through a DoD-certified drug testing laboratory. At approved field testing programs, a Military Service may also field test urine specimens collected, as follows:

a. For "probable cause" during inspection (probable cause involving drugs other than marijuana or cocaine shall be sent to the military testing laboratories);

b. When command directed;

c. As part of a rehabilitation program; or

d. When conducting maneuvers or other activities away from the normal duty station, and postal facilities for shipping specimens to certified laboratories are not available.

3. Collection of Specimens. Specimens shall be collected under the direct observation of a designated individual of the same gender as the Service member providing the specimen. The collection shall be in accordance with the instructions of the Service and shall include complete chain of custody. The collection of the specimen and the initial chain of custody shall be documented using DD Form 2624, "Specimen Custody Document-Drug Testing" (enclosure 2).

4. Mailing. The specimens shall be mailed to meet the requirements of the U.S. Postal Service (USPS) as described in the USPS Domestic Mail Manual, Section C042.8.3 (reference (e)). The specimens, under routine conditions, shall be sealed and mailed through regular mail rather than registered or certified mail.

5. Committees. The DoD Drug Policy Advisory Committee (enclosure 3) shall advise the Deputy Assistant Secretary of Defense (Drug Enforcement Policy and Support) (DASD(DEP&S)) on policy about the Military Personnel Drug Abuse Program, and the DoD Biochemical Testing Advisory Committee (enclosure 4) shall advise the DASD(DEP&S)

on technical matters about the Military Personnel Drug Abuse Testing Program.

6. New Entrants. The procedures for substance abuse testing and the administrative processing of applicants and new entrants to the Military Services and their Reserve components is included as enclosure 5.

#### F. INFORMATION REQUIREMENTS

1. DD Form 2624 shall be used for the submission of specimens collected under this Instruction and shall be completed, as applicable for each Service, as described in enclosure 2. In the completion of the DD Form 2624, the standard abbreviations listed in enclosure 6 shall be used.

2. The reporting requirement listed in paragraph D.2.d., above, has been assigned Report Control Symbol DD-DEP&S (AR) 1908.

#### G. EFFECTIVE DATE

This Instruction is effective immediately.

H. Allen Holmes  
Assistant Secretary of Defense for  
Special Operations and Low Intensity Conflict

#### Enclosures - 6

1. Technical Procedures for the Military Personnel Drug Abuse Testing Program
2. DD Form 2624; "Specimen Custody Document - Drug Testing"
3. DoD Drug Policy Advisory Committee
4. DoD Biochemical Testing Advisory Committee
5. Secretary of Defense Memorandum; "Policy on New Entrant Drug and Alcohol Testing and Dependency Evaluation", May 8, 1989
6. Standard Abbreviations for the Military Personnel Drug Abuse Testing Program

#### TECHNICAL PROCEDURES FOR THE MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM

##### A. COLLECTION AND TRANSPORTATION OF URINE SPECIMENS

###### 1. General

a. Chain of custody procedures are designed to ensure the security of and accountability for specimens (and aliquots of specimens) during collection, transportation, testing, reporting, and final disposal of samples. The minimum requirements for chain of custody established herein may be supplemented by each Military Department.

b. The individual directing that a urine test be conducted shall identify the Service member, work group, or unit (or part thereof) to be tested. A responsible individual, such as the alcohol and drug coordinator or the base or unit drug testing program monitor, shall be assigned to coordinate specimen collection. Additional responsible individuals shall be appointed, as necessary, to act as

observers in the collection process.

## 2. Preparation for Specimen Collection

The urinalysis coordinator shall:

- a. Ensure that specimen bottles are available and that each is new, clean, and properly prepared.
- b. Ensure that each bottle has a label on which the date collected, Service member's social security number (SSN), and any additional identifying information or numbers required by the Military Department are recorded.
- c. Maintain a record documenting the identifying information in paragraph A.2.b., of this enclosure, above, the Service member's name, and the name of the designated observer. The Service member must sign to verify the urine in the bottle was provided by them at that time. (See paragraph A.3.b., of this enclosure, below)
- d. Obtain bottles (and other supplies) so that the surprise aspect of random collections shall not be compromised.

## 3. Collection of Specimens

a. The urinalysis coordinator, as follows, shall ensure that:

(1) Each individual to be tested presents proof of identity and that each individual identified for testing is accounted for.

(2) Each specimen is collected, in accordance with the procedures established in section A.

(3) The volume of urine collected exceeds 30 milliliters and is sufficient, as established by the Military Department. Volumes below 30 milliliters may be tested; however, the low volume must be reported as a discrepancy.

(4) The DD Form 2624 (enclosure 2) is completed, to include the applicable entries for any specimen that is subjected to a field test.

(5) Each collection is observed and that the observer is a member of the same sex as the Service member being tested.

(6) Tamper-resistant tape must be placed over the top of the specimen bottle in the presence of the member and attached securely to the label. That tape should contact the label at both ends, if possible. Other types of tape or labels shall not be used to secure the lid to the specimen bottle. If tamper resistant tape is not available, that shall be so stated on the collection document.

b. The Service member submitting the specimen shall initial the bottle label, provide an unadulterated specimen for testing, and sign the corresponding entry in the ledger.

c. Specimens from urinalysis coordinators and observers shall not be

included in any collection in which that coordinator or observer participated as an official. Urinalysis coordinators and observers must be included in a random sample testing program, but collections and mailing must be completed by other qualified individuals.

#### 4. Transportation of Specimens

a. The urinalysis coordinator shall perform the following:

(1) Ensure that the primary containers (specimen bottles) are securely sealed.

(2) Ensure that each bottle is enclosed in a leak proof secondary container.

(3) Ensure that each secondary container contains sufficient absorbent material to absorb the entire specimen contents in case of leakage.

(4) Ensure that chain of custody documentation is shipped with specimens and that each mailing or shipping package is sealed with the signature of the coordinator over the seal to ensure integrity of specimens. That requirement applies to all methods of transportation including hand-carried specimens.

(5) Ensure that each specimen collected is forwarded for testing expeditiously. A specimen that is field tested negative may be sent to the drug testing laboratory for further testing or discarded.

b. Packages shall be transported to the drug testing laboratory using regular mail of the USPS, which meets chain of custody requirements and should be used unless unusual circumstances prevail. Specimens mailed through the USPS must meet the packaging requirements contained in Section C042.8.3 of the Domestic Mail Manual (reference (e)). In other circumstances, the specimens may be shipped by the following:

(1) Certified or registered mail;

(2) The Military Airlift Command;

(3) Commercial air freight, air express, or surface transportation (specific packaging requirements must be met); or

(4) Hand delivery.

c. Nothing in subsection A.1. through subparagraph A.4.b.(4), of this enclosure, above, shall be construed to invalidate transmittal by means other than those in paragraph A.4.b., of this enclosure, above, if there is an otherwise valid chain of custody.

#### B. STANDARD OPERATING PROCEDURES (SOP) AND LABORATORY OPERATING PROCEDURES (LOP)

1. Each Military Department shall control the procedures used in the laboratories for which it is responsible.

a. The Office of the Surgeon General of the Military Department shall develop or approve the SOP manual and provide a copy to the DASD(DEP&S).

b. The SOP manual shall provide Service standards for the following:

(1) Receipt and intralaboratory chain of custody procedures.

(2) Testing procedures for conducting initial screens, rescreens, confirmatory tests, and retests for each drug analyzed.

(3) An internal QC program.

(4) Administrative processes.

c. Each laboratory shall participate in the AFIP external QC program.

2. Each drug testing laboratory shall develop and maintain a LOP manual under the SOP of the Military Department concerned. Each LOP manual shall be kept current and approved in writing by the laboratory technical director or equivalent. As sections are replaced, historical records of procedures and the dates used shall be maintained.

#### C. CHAIN OF CUSTODY

All urine specimens shall be processed by the drug testing laboratories using intralaboratory chain of custody procedures.

#### D. DRUGS TO BE TESTED

1. The panel of drugs for which routine testing of specimens is completed includes marijuana, cocaine, amphetamines, barbiturates, phencyclidine, opiates, and lysergic acid diethylamide. The Military Departments may select a minimum of three groups from that list that shall be tested by each Service drug testing laboratory. It is mandatory that a drug testing laboratory test for a specific drug when the confirmed positive rate for that drug at that laboratory exceeds 0.25 percent of specimens collected as part of random testing. Codeine is excluded from the calculation of the opiate positive rate and that testing requirement does not apply to anabolic steroids or to new entrant testing. Additional categories of testing may be completed, in accordance with subsections D.3. and D.4., of this enclosure, below.

2. Each Military Department shall ensure that its testing program shall determine, at periodic intervals, the positive rate on inspection specimens for each of the seven drugs in subsection D.1., of this enclosure, above, and at each testing laboratory. The pulse testing to determine the positive rate may be conducted using only the initial test, and the laboratory need not be certified for a drug to conduct that evaluation. Presumptive positive samples identified during the pulse testing may be forwarded to a DoD laboratory that is certified to test for the pulse drug, and action may be taken against the Service member if the certified laboratory screens and confirms the specimen as positive for the pulse drug.



3. For testing of specimens for drugs other than those listed in subsection D.1. of this enclosure, above, the Military Departments may use drug testing laboratories that are DoD-certified for one or more of the drugs in subsection D.1., of this enclosure, above, and that have the capability to analyze urine specimens for the required drugs. The Military Departments shall ensure that:

a. Specimens are collected in accordance with the chain of custody procedures in section A. of this enclosure, above.

b. Two independent methodologies are used to test the specimens. If two methodologies are not available, a positive result using only gas chromatography/mass spectrometry (GC/MS) is permitted. Duplicate analysis must be completed, going back to the original specimen to begin extraction and analysis for each replicate. Since testing levels are not established for drugs other than those in subsection D.1., of this enclosure, above, the drug testing laboratory may report a specimen as positive when the concentration of the drug or metabolite exceeds three times the limit of quantitation for that analytical procedure.

c. The drug testing laboratory has demonstrated expertise in conducting urine drug testing and, at a minimum, satisfies the requirements in subsection K.1., of this enclosure, below.

d. Authentic standard is available for using in the assay for comparative purposes.

4. For specimens on which the routine initial testing procedures indicate the presence of a drug, but the confirmation procedure does not confirm the presence of the primary drug(s) of interest, additional GC/M

confirmation procedures may be completed to identify the presence of any other drug(s). The presence of other drug(s) of abuse at a concentration that equals or exceeds the cutoff concentration established for that confirmation assay may be reported. The criteria in subsection D.3., of this enclosure, above, apply to the analytical laboratory with the exception of the cutoff concentration. If the drug is not in one of the classes of drugs for which a cutoff is established, paragraph D.3.b., of this enclosure, above, applies.

5. All specimens arriving at the laboratory shall be tested except as follows:

a. When the specimen cannot be identified as a unique specimen by the SSN.

b. When there is an indication that testing of the specimen would be detrimental to the testing instrumentation.

c. The specimen is not urine.

6. All discrepancies in the submission of a specimen that are noted by the laboratory in the review and testing of the specimen shall be documented and reported to the submitting unit with the results.

E. INITIAL TEST

1. The initial test is to identify those samples that are "presumptively positive" to send them on for confirmation testing i.e., remove negative samples to focus effort and resources on those samples most likely to contain drugs of abuse). That shall be an analytical methodology different from that of the confirmation test. An immunoassay test kit is a medical device and must have clearance from the Food and Drug Administration before use for the initial test. Other initial tests may be used if approved by the DASD(DEP&S), following a recommendation by the Biochemical Testing Advisory Committee.

2. To exclude the possibility of carryover in the screening procedure, a rescreen of positive specimens must be completed with negative controls inserted between the actual personnel specimens. Alternatively, another procedure may be developed to ensure that there is no carryover in the pipetting of aliquots or in the performance of the assay and to validate the initial screening results.

3. The level at which a sample is determined to be presumptive positive for a drug listed in subsection D.1., of this enclosure, above, based on the initial test, shall be established by the CDEP&S.

4. The requirements for a specific initial test do not exclude the use of other screening tests for the specific drug being assayed. The following are the requirements for any additional tests performed to reduce confirmation workload or for other valid scientific reason:

a. A laboratory operating procedure must be written and approved by the technical director (or equivalent) of that laboratory for the test, and the test must be applied uniformly in the laboratory testing processes.

b. The prescribed initial screen and GC/MS confirmation must be completed, besides any special screening, before the reporting of a specimen as a positive.

#### F. CONFIRMATORY TEST

1. Following a positive result on an initial test (and any subsequent screening tests), the specimen shall be tested by GC/MS to confirm the result before a positive report is made. A different confirmatory test (which must also be different from the initial test) may be used, if approved by the DASD(DEP&S).

2. The level at which a sample is determined to be positive for a drug listed in subsection D.1., of this enclosure, above, based on the confirmatory test, shall be established by the CDEP&S.

#### G. QUALITY CONTROL (OC)

Each drug testing laboratory shall maintain an internal QC program consisting of standards and open and blind controls that make up at least 5 percent of the total number of urine specimens analyzed. The samples that are used to calibrate an instrument or establish an actual level shall be classified as a calibration standard(s). Any samples intended to ensure that operation and specificity of the assay shall be identified as "controls." Negative samples (unless incorporated into a "standard

curve") shall be identified as "controls."

#### H. REPORTING AND RECORDS

1. Any specimen that fails to meet required levels for determination as positive for either initial or confirmatory tests shall be reported as negative. (A specimen that is negative by confirmation may be tested for other drugs, as in subsection D.4., of this enclosure, above.)

2. Negative results should be reported from the laboratory in less than 4 working days, average, and positive results should be reported from the laboratory in less than 6 working days, average, after the day the specimen is received. A copy of the results or a summary of results shall be submitted to the AFIP, as required, to fulfill QC evaluation requirements. The reporting of specimens shall be completed in a manner to prevent the identification of a specific military member from the report of a specimen that screened positive but that which did not confirm as positive. (This subsection does not apply to new entrant testing.)

3. The report to the originating unit shall specify which specimens were positive and which were negative. No further information on negative specimens shall be submitted to the originating unit, except as in paragraph C.4.b. or C.4.c. of DoD Directive **1010.1** (reference (a)) when, as follows:

a. A request for further information on the results of a negative test is made by a Service member or the defense counsel for use in defending against an accusation of drug use;

b. A Service member accused of drug use is in a disciplinary or administrative proceeding and offers or is expected to offer a negative urinalysis report to establish non-use, and the Government's representative requests further information on the negative report for rebuttal purposes; or

c. As authorized by the Secretary of the Military Department concerned or as otherwise ordered by an authority.

4. A positive report for morphine, codeine, or testosterone must be reviewed by a medical review officer (physician) before any action is taken against the individual.

5. The drug testing laboratories shall note test results on reporting forms required by the Military Department concerned.

6. If a contract with a civilian laboratory is terminated for any reason, all records shall be maintained by that contractor under contractual agreement or shall be forwarded to the Military Department and retained, in accordance with this subsection. Analytical data may be maintained in electronic format if storage is such that data is in an unalterable form and maintained in the entirety. Hard copy data may be destroyed after insurance that a copy of the original can be reproduced from electronic data storage. All original collection data, chain of custody documents, and positive result reports must be held for a minimum of 3 years. Hard copy or electronically held screening data for only negative specimens may be destroyed after 1 year.

a. Under procedures established by the Military Department concerned, such records (or certified copies thereof) shall be sent promptly, on request, to the originating command or other applicable authority.

b. At the end of the 3-year period, such drug testing laboratory records may be disposed of under rules of the Military Department.

#### I. DISPOSITION OF SPECIMENS

1. If the result of a test is negative, the specimen shall be discarded, unless it is to be retained for QC or procedure development purposes under procedures established by the Military Department concerned.

2. Specimens confirmed as positive and not consumed in the testing process shall be properly secured in a frozen state for a minimum of 1 year from the date of the report. That specimen may then be discarded or used for QC or other legitimate purpose following removal of personal identifiers from the specimen label.

3. In the 1-year period, the originating command or other applicable authority may request the laboratory to retain the specimen for an additional period of time. If a contract with a civilian laboratory is terminated, all positive specimens shall be held under contractual agreement or shall be forwarded to a military laboratory and retained for the 1-year period.

#### J. RETESTING OF SPECIMENS

1. Each Military Department shall establish rules permitting retesting of a specimen when a sufficient quantity is available. At a minimum, such rules shall provide for retesting on, as follows:

a. Request of the submitting command.

b. Request of an administrative board under rules applicable to the board.

c. Order of a military judge under rules applicable to courts-martial.

2. A Service member may obtain a retest at a commercial laboratory at the Service member's own expense when a sufficient quantity of a specimen is available to permit retesting. The commercial laboratory must complete testing by GC/MS or other technology as approved by the DASD(DEP&S) and may report the result of the retest as positive if the concentration is equal to or above the limit of detection for that particular drug. Only an aliquot shall be released for such testing; the original specimen and bottle shall be maintained at the military or contract laboratory. The specimen must be forwarded using chain of custody procedures and so as to ensure that the Government is not obligated to pay for the testing.

3. Retesting of specimens reported positive after the required initial and confirmatory tests shall be conducted using GC/MS or an alternative test approved by the DASD(DEP&S). The drug testing laboratory may report as positive any test that verifies the presence of the drug or

specific metabolite equal to or above the limit of detection of the confirmatory procedure.

#### K. LABORATORY CERTIFICATION

1. To be certified by the Department of Defense, a military or civilian contract drug testing laboratory shall satisfy the following minimum requirements:

- a. Maintain a SOP manual that is approved by the Military Department and maintain a LOP manual for each laboratory.
  - b. Process specimens while maintaining chain of custody intact from receipt to disposal of specimen and maintain a record of processing of aliquots of the specimen.
  - c. Document qualifications and training of laboratory personnel.
  - d. Keep maintenance and repair records for each instrument used in testing.
  - e. Validate analytical methods used for each drug.
  - f. Participate, satisfactorily, in a certification round of AFIP proficiency sample analyses for each drug group being routinely tested.
  - g. Participate, satisfactorily, in ongoing AFIP proficiency (open) and blind QC sample programs.
  - h. Maintain an internal QC program consisting of at least 5 percent controls and standards, including blind positives and negatives in screening and blind negatives in confirmation.
  - i. Establish procedures to ensure timely responses to discovery requests and other inquiries from authorities.
  - j. Participate, satisfactorily, in an ongoing DoD inspection process that involves an onsite inspection every 2 years.
2. The request to the AFIP for certification samples and participation in the blind QC program may be made directly to the AFIP in writing.
3. Once a laboratory has met the initial requirements of subsection K.1., of this enclosure, above, each Military Department shall submit a request for certification to the CDEP&S stating that the military or civilian contract drug testing laboratory satisfies the requirements in subsection K.1., of this enclosure, above.
4. If a contract laboratory has submitted a proposal to use immunoassay methods different than the immunoassay methods used by the military drug testing laboratories for conducting the initial tests, the Military Department shall ensure that each immunoassay method used by the contract laboratory is capable of identifying specimens as positive at the same initial test level used by the military drug testing laboratories and with essentially the same specificity and sensitivity (i.e., the results of the two immunoassay methods are essentially the same).

5. A laboratory may not report results of tests to submitting commands until the laboratory is certified in writing by the CDEP&S.

6. Each Military Department shall order a quality assurance inspection of each drug testing laboratory under its supervision at least three times annually. The QA inspection shall assess the performance of the laboratory and its adherence to the requirements in subsection K.1., of this enclosure, above. A copy of the report of the inspection shall be forwarded to the DASD(DEP&S).

#### L. DRUG ANALYSIS CERTIFICATION

1. Drug testing laboratories shall participate in the AFIP proficiency testing program for drug groups that are routinely monitored by immunoassay and GC/MS and are listed in subsection D.1., of this enclosure, above.

2. A certification schedule shall be sent to the laboratory and the requester in subsection K.3., of this enclosure, above.

3. A certification set consists of negative urine samples and urine containing positive levels of added drug (or drug metabolite). A certification set is divided into the following two groups of samples:

a. One group is used to evaluate the initial test.

b. The other group is used to evaluate the confirmatory test. Both groups shall contain six to nine samples for each drug level.

4. When a laboratory is being evaluated for more than one drug, the QC samples shall be spiked with multiple drugs where necessary. The laboratory shall be instructed as to which QC samples are to be tested for which drugs.

5. On completion of testing, the laboratory shall summarize the results by listing quantitative values for each sample calculated from the confirmation test results and indicate whether samples are positive or negative by the initial test. That summary sheet, along with confirmation test data and initial test runs are to be mailed to the AFIP's QC laboratory. All confirmatory tracings are to include retention times, peak areas and/or heights, ions monitored, and sample identification.

6. Based on the DoD cutoff level, at least 85 percent of the immunoassay results for positive specimens of a drug must be correct.

7. GC/MS results must meet the following criteria:

a. For negative specimens, the quantitative values from GC/MS may not exceed the limit of quantitation. The limit of detection for each drug tested must be listed on the data sheet provided and returned to the AFIP.

b. No more than one individual quantitation may be more than + 20 percent or + two standard deviation units, whichever is greater, from the laboratory mean for each positive level.

c. No more than one quantitative value may be more than + 20 percent

from the group mean. (Group mean values are derived from DoD QC laboratory and at least two reference laboratory results.)

d. Quantitative results for individual drugs shall be calculated from peak areas or peak heights, but not both.

8. GC/MS tracings must meet the following criteria:

a. Within a batch, retention times for the samples must match calibrator retention times within 2.0 percent for both the drug and internal standard.

b. Identity-ion ratios of the designated drug and internal standard must be within 20 percent of the corresponding ion ratios observed for the calibration standard. A minimum of two "ion ratios" determined using three different ions shall be monitored for each drug class, and one or more "ion ratios" determined from two or more ions shall be monitored for the internal standards.

c. Selected ions used to calculate ion ratios and determine quantitative drug levels must be reasonably resolved from interfering peaks. Interfering peaks must have a peak height less than 10 % of the peak of interest and the peak of interest must be separated from other peaks with a resolution = 1.0 or greater. (Dennis G. Peters, John M. Hayes, and Gary M. Hieftje: "Chemical Separations and Measurements," W. B. Saunders, Philadelphia, 1974, page 541.)

d. Drug and internal standard peaks must be sharp, clean, and symmetrical.

9. Special Request Testing

a. A drug testing laboratory may not report results to submitting commands for a non routine drug until the laboratory performing the testing has received approval as described in paragraphs L.9.b. and L.9.c., of this enclosure, below.

b. The following are the minimum requirements for certification for special request testing:

(1) The laboratory shall analyze a set of specimens provided by the AFIP. That preliminary set of specimens shall contain positives and negatives.

(2) Initial test results and confirmatory test results, including controls, shall be forwarded to the AFIP for evaluation.

(3) The laboratory must have no false positive and must have no more than one quantitative result greater than + 2 standard deviations or + 20 percent, whichever is greater, from the AFIP established mean for each concentration.

(4) The testing procedures must meet the requirements of subsection D.3., of this enclosure, above.

(5) If the laboratory does not meet the criteria in subsection D.3.

and subparagraph L.9.b.(3), of this enclosure, above, the Military Department shall take corrective action and the AFIP shall send an additional set of samples for initial and confirmatory testing.

c. When the criteria in paragraph L.9.b., of this enclosure, above, are satisfied, the AFIP shall notify the Office of the CDEP&S (OCDEP&S) by telephone that the laboratory is planning to start special request testing for a specific drug. The OCDEP&S shall give verbal response to the AFIP on the specific request. If approved, the laboratory may then analyze specimens for that drug and report specimens on a special request basis.

10. Continued certification for routine testing requires the following:

- a. Continuous participation in the AFIP Proficiency Testing Program.
- b. No false positive results on the blind or open AFIP QC specimens.
- c. For the blind samples, at least 85 percent of all positive specimens received during the quarter must be correctly reported.
- d. For the open samples, a drug analysis is considered unacceptable if two results are greater than + 2 standard deviations or + 20 percent, whichever is greater, from the mean in each of two consecutive sets of samples.
- e. No "false positives" on actual personnel specimens.

#### M. DECERTIFICATION AND/OR RECERTIFICATION

The procedures for the following are established when a laboratory does not satisfy the following:

1. The criterion in paragraph L.10.a., of this enclosure, above, as follows:

- a. The AFIP shall contact the Military Department and the DASD(DEP&S) immediately and describe the circumstances for the laboratory's noncompliance with that criterion.
- b. The DASD(DEP&S) shall contact the Military Department responsible for the laboratory and specify corrective action.
- c. The Military Department shall ensure that corrective action is taken or the laboratory shall be decertified.

2. The criterion in paragraph L.10.b., of this enclosure, above, as follows:

- a. The AFIP shall contact the laboratory. The laboratory shall review immediately the results on the specimen reported positive, retest the specimen, and send an aliquot to the AFIP for retesting.
- b. On a confirmed "false positive", the AFIP shall contact the laboratory, the Military Department, and the DASD(DEP&S) immediately.
- c. The laboratory shall suspend reporting of results for all drugs



immediately.

d. When the false positive is due to an administrative error made by the laboratory during the processing of the data accompanying a specimen, the following shall be done:

(1) The Military Department shall notify the DASD(DEP&S) of the source of the error and the corrective action taken. If the DASD(DEP&S) is satisfied that the corrective action is adequate to prevent a recurrence of that error for all drugs tested and reported by the laboratory, the DASD(DEP&S) shall authorize the laboratory to resume reporting results.

(2) The DASD(DEP&S) may require retesting of certain personnel or QC specimens.

e. When the "false positive" is due to an analytical error made by the laboratory that influences particular drug analysis:

(1) The laboratory shall be automatically decertified for the classes of drugs effected by the error.

(2) The laboratory shall take immediate corrective action or implement a new analytical procedure for the effected drug class(es) and may report results on other drug classes.

(3) After the laboratory takes corrective action, the AFIP shall use the procedure for certifying a new-drug analysis to ensure that the laboratory can correctly analyze for the drugs classes effected.

(4) The DASD(DEP&S) may require an inspection or may recertify the laboratory for the particular drug analyses, based on the recommendation of the AFIP. The DASD(DEP&S) shall specify any requirements for retesting personnel specimens on recertification.

(5) The Military Department shall provide a written response summarizing the corrective action taken, results about the retesting of personnel specimens, and disposition of personnel whose results may have been incorrectly reported.

3. The criterion in paragraph L.10.c., of this enclosure, above, as follows:

a. The AFIP shall contact the laboratory, the Military Department, and the DASD(DEP&S) immediately. The DASD(DEP&S) shall assess the information available, and specify corrective action based on the circumstances surrounding the error.

b. After the laboratory takes corrective action, the AFIP shall use the procedure for certifying a new-drug analysis to ensure that the laboratory can correctly analyze for the drug classes effected.

c. The DASD(DEP&S) may require an inspection or may recertify the laboratory for the particular drug analyses, based on the recommendation of the AFIP. The DASD(DEP&S) shall specify any requirements for retesting personnel specimens on recertification.

d. The Military Department shall provide a written response summarizing the corrective action taken.

4. The criterion in paragraph L.10.d., of this enclosure, above, when the laboratory reports concentrations greater than the upper limit for a particular drug, as follows:

a. The AFIP shall contact the laboratory, the Military Department, and the DASD(DEP&S) immediately.

b. The laboratory shall stop testing and reporting results for the specific drug class immediately.

c. The DASD(DEP&S) shall decertify the laboratory for that drug and specify requirements for retesting personnel specimens.

d. After determining the reason for that error, the laboratory shall take corrective action.

e. After completing the corrective action, the laboratory shall contact the AFIP and arrange to analyze a set of certification samples for the drug test in question.

f. The Military Department shall provide a written response summarizing the corrective action taken and disposition of any personnel specimens that may have been reported incorrectly.

g. The DASD(DEP&S) may recertify the laboratory for the drug analysis based on the AFIP recommendation and review of the laboratory's performance on the certification samples.

5. The criterion in paragraph L.10.d., of this enclosure, above, when the laboratory reports concentrations less than the lower limit, as follows:

a. The AFIP shall contact the laboratory, the Military Department, and the DASD(DEP&S) immediately.

b. The Military Department shall ensure that corrective action is taken by the laboratory.

c. Personnel specimens normally shall not require retest since negative errors may only cause some positive specimens to be reported as negatives. The Military Department concerned or the DASD(DEP&S) may specify that personnel specimens shall be retested.

d. The DASD(DEP&S) may decertify the laboratory for the particular drug analyses if corrective action is not completed in a timely manner. Requirements for recertification shall be determined based on the circumstances.

6. The criterion in paragraph L.10.e., of this enclosure, above, as follows:

a. The laboratory shall contact the Military Department immediately. The Military Department shall then notify the DASD(DEP&S) within 1 working day and shall notify the AFIP, if necessary.

b. The laboratory shall suspend reporting results immediately for all drugs.

c. The laboratory shall review immediately the circumstances surrounding the "false positive" report, retest the specimen and other specimens, as necessary, or take other action to fully investigate and correct the error. Testing of other specimens, including other specimens previously reported as positive, may be completed as necessary during the investigation.

d. When the "false positive" is due to an administrative error made by the laboratory during the processing of the data accompanying a specimen, the following shall be done:

(1) The Military Department shall notify the DASD(DEP&S) of the source of the error and the corrective action taken. If the DASD(DEP&S) is satisfied that the corrective action is adequate to prevent a recurrence of that error for all drugs tested and reported by the laboratory, the DASD(DEP&S) may authorize the laboratory to resume reporting results.

(2) The DASD(DEP&S) shall specify any requirements for retesting personnel specimens.

e. When the "false positive" is due to an analytical error made by the laboratory, the following shall be done:

(1) The laboratory shall be automatically decertified on all effected drug analyses by the DASD(DEP&S)

(2) The laboratory shall take immediate corrective action and implement new analytical procedures, as required.

(3) After taking corrective action, the AFIP shall use the procedure for certifying a drug analysis for each of the drugs classes effected by the error.

(4) The Military Department shall provide a written response summarizing the corrective action taken, results on the retesting of personnel specimens, and action taken against any member whose results may have been reported incorrectly.

(5) The DASD(DEP&S) may recertify the laboratory for the drugs tested, if the AFIP so recommends, and shall specify requirements for retesting personnel specimens on recertification. Additionally, the DASD(DEP&S) may arrange to have the laboratory inspected.

f. The submitting unit shall be advised of the false positive result and shall act to restore or correct any adverse action or proceedings against the Service member which were based on the incorrect result.

#### N. FIELD TESTING OF URINE SPECIMENS

1. General. Field tests of urine specimens shall be conducted only under the standards and procedures in subsections N.2. through N.6., of this enclosure, below. A unit performing field testing must have a

justifiable requirement to obtain immediate results from testing for drugs of abuse.

2. Chain of Custody. All field tests shall comply with the chain of custody requirements established in section A., of this enclosure, above. The urinalysis coordinator shall ensure that the names and actions of all persons handling a specimen are documented properly on the chain of custody form. The breakage of the tamper-resistant tape at the field test site shall be annotated.

3. Inspections. A minimum of one inspection every 2 years must be completed at field test sites by the Service.

#### 4. Guidelines for Field Testing

a. The area where testing is occurring must be a restricted area and the specimens must be secured under lock and key when not attended.

b. A SOP must be written and maintained.

c. The aliquot for testing must be poured from the specimen bottle so there is no opportunity for contamination of the specimen (i.e., nothing can enter the specimen bottle).

d. A QA program that includes QC at the installation and QA external to the installation to monitor proficiency and identify deficiencies must be established and maintained. Materials provided for QC purposes are not to be used as calibrators in any subsequent analysis. Calibrators and controls must be purchased and used for their specific purpose.

e. If negative specimens are discarded at the field test site, a minimum of three drug classes must be tested at the field site.

#### 5. Approval

a. Before a Military Department conducts field tests of urine specimens, the Military Department must receive DASD(DEP&S) approval of the following elements of the Military Department's program:

(1) The test kits and instruments to be used.

(2) A training and certification program for operators of the field testing equipment.

(3) Integration of field testing procedures into the chain of custody requirements established in subsection E.1., of this enclosure, above.

(4) Inspection Program

b. The approval of an instrument and/or test kits for a Military Department's program allows other Military Departments to use them for their approved field testing programs.

c. All field testing shall be conducted using the same initial test levels as established by the CDEP&S used by the drug testing laboratories. Field test personnel may not report or disclose a field test result in any manner other than stating the result to be either negative or positive, as

determined by the initial test level used by the drug testing laboratories. Any action taken based on a field test positive result that does not confirm as positive by GC/MS must be rescinded under subparagraph E.2.a.(4) of DoD Directive 1010.1 (reference (a)).

d. All specimens identified as positive by a field test shall be sent immediately to a certified laboratory for testing under procedures in sections E. and F., of this enclosure, above.

6. The field testing program in subsection N.1. through paragraph N.5.d., of this enclosure, above, is subject to inspection by DASD(DEP&S) personnel.

#### DoD DRUG POLICY ADVISORY COMMITTEE

##### A. ORGANIZATION AND MANAGEMENT

1. The DoD Drug Policy Advisory Committee shall advise the DASD(DEP&S) about policy on the Military Personnel Drug Abuse Testing Program.

2. The Committee shall be composed of a Chairman (from the staff of the OCDEP&S), one member from each of the Services, one member from the Office of the Under Secretary of Defense Personnel and Readiness, the Chairman of the Biochemical Testing Advisory Committee and any other members, as designated by the DASD(DEP&S). Members shall be active duty military members or full-time civilian employees of the United States.

##### B. FUNCTIONS

The Committee shall make recommendations to the DASD(DEP&S) on the following:

1. Policy matters involving the Military Personnel Drug Abuse Testing Program.

2. Procedures for the evaluation of the data produced by the laboratories and methods of evaluating efficacy of the counter-drug programs of the Services.

3. Applied research projects to improve the effectiveness of the Military Personnel Drug Abuse Testing Program.

4. Procedures to evaluate a threat deriving from drug abuse.

##### C. MEETINGS

The committee shall meet on a semiannual basis or at other times as established by the OCDEP&S.

#### DoD BIOCHEMICAL TESTING ADVISORY COMMITTEE

##### A. ORGANIZATION AND MANAGEMENT

1. The DoD Biochemical Testing Advisory Committee shall advise the DASD(DEP&S) about technical matters on the Military Personnel Drug Abuse Testing Program.

2. The Committee shall be composed of one member representing the Surgeon General of each of the Services, one member from the AFIP, one member from the OCDEP&S, who shall serve as the Committee Chair, and any other members, as designated by the DASD(DEP&S). Members of this committee shall not be assigned, concurrently, to the DoD Drug Policy Advisory Committee in enclosure 3. Members shall be active duty military members or full-time civilian employees of the United States.

#### B. FUNCTIONS

The Committee shall make recommendations to the DASD(DEP&S) on the following:

1. Methodologies and new technologies for field and laboratory testing for drug abusers.
2. Procedures for evaluating changes in testing procedures to ensure that such changes are applicable for the types of laboratories operated by or for the Department of Defense.
3. External proficiency testing and internal QA procedures for evaluating the performance of the DoD-certified drug testing laboratories.
4. Procedures for the certification, decertification, and recertification of laboratories performing forensic testing for drugs of abuse on DoD specimens.
5. Applied research projects to improve the effectiveness of the Military Personnel Drug Abuse Testing Program.

#### C. MEETINGS

The committee shall meet a minimum of three times annually or at other times, as established by the OCDEP&S.

THE SECRETARY OF DEFENSE

WASHINGTON THE DISTRICT OF COLUMBIA

8 May 1989

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
ASSISTANT SECRETARY OF DEFENSE (FORCE MANAGEMENT  
AND PERSONNEL)  
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)  
ASSISTANT SECRETARY OF DEFENSE (LEGISLATIVE  
AFFAIRS)  
ASSISTANT SECRETARY OF DEFENSE (PUBLIC AFFAIRS)  
ASSISTANT SECRETARY OF DEFENSE (RESERVE AFFAIRS)  
GENERAL COUNSEL

SUBJECT: Policy on New Entrant Drug and Alcohol Testing and Dependency Evaluation

In compliance with the requirements of Section 521 of the FY 1989

National Defense Authorization Act (P.L. 100-456), the following policy is established: Testing for drug and alcohol use and evaluation for dependency shall occur within 72 hours after the member's initial entry on active duty following enlistment or appointment. For Reserve component members not entering extended active duty, the tests shall be administered no later than 72 hours after the beginning of the first scheduled Annual Training or Initial Active Duty Training. Applicants rejected for enlistment or appointment prior to October 1, 1989, as a result of a positive drug or alcohol test, are not eligible to reapply for enlistment or appointment until expiration of the required waiting time for initial entry drug and alcohol retesting under policies in effect as of the date of this memorandum, or October 1, 1989, whichever occurs first.

a. Effective Date: This policy is to become effective no later than October 1, 1989. Unless waived by the Commander, Military Entrance Processing Command, the Services shall provide 60 calendar days advance notification of the transfer date of responsibility for testing from Military Entrance Processing Stations (MEPSs) to training centers to allow for necessary software modification and changes to the automated programs.

b. Resources: Testing of enlisted members shall take place at recruit training centers (RTCs) or accession locations (e.g., first duty station for prior service entrants). The Services may, at their discretion and expense, implement testing at RTCs prior to October 1, 1989. Testing, performed at MEPSs prior to October 1, shall be in accordance with the policy on Pre-accession Drug, Chemical, and Alcohol Use and Dependency issued January 15, 1988.

c. Personnel to be Tested and Evaluated: The following individuals are required to be tested and evaluated:

- (1) New enlisted entrants in the Armed Forces, including officer candidates undergoing initial training in an enlisted status.
- (2) Applicants for appointment as cadets or midshipmen at a Service Academy or for a Reserve Officers Training Corps (ROTC) scholarship.
- (3) Other individuals to whom a commission may be offered following completion of a Service commissioning program (e.g., advanced training under the ROTC program).
- (4) Regular and Reserve officers appointed from civilian life.
- (5) Prior service applicants for enlistment in the Active component with a break in service of more than 6 months.
- (6) Prior service applicants for enlistment in the Selected Reserve who have a break in service in the Selected Reserve or Active component of more than 6 months are to be tested as facilities and resources become available. The Services shall fund appropriate resources and facilities to ensure all such applicants are tested after October 1, 1990.

d. Timing of Testing/Evaluation:

- (1) Individuals covered by paragraph c.(1) or c.(4), above, shall undergo testing and be evaluated within 72 hours after initial entry on active duty (LEAD). LEAD is the member's first period of full-time duty

in the active Military Service of the United States following enlistment or appointment.

(a) Enlisted members shall be tested and evaluated at RTCs (or other accession locations, as applicable).

(b) Officers not covered under c.(2) or c.(3), above, shall undergo testing and be evaluated during the officer basic courses. If an officer's IEAD shall not occur at a basic course, alternative testing and evaluation arrangements must be made by the appointing authority.

(2) Individuals covered by paragraph c.(2), above, shall undergo testing and be evaluated during the physical examination given to the applicants before appointment as cadets or midshipmen at a Service Academy or for an ROTC scholarship.

(3) Individuals covered by paragraph c.(3). above, shall undergo testing and be evaluated during the precommissioning physical.

(4) Individuals covered by paragraph c.(5) or c.(6), above, shall be tested and evaluated in conjunction with a reentry physical (if given), or within 72 hours following reentry at accession locations specified by the Military Service concerned (e.g., first duty station).

e. Testing and Evaluation Policy:

(1) Drug Testing: All persons covered by this program shall be tested for cannabis (THC) and cocaine use. The analysis shall be conducted in DoD-certified drug testing laboratories using procedures established by the Assistant Secretary of Defense for Health Affairs as contained in DoD Directive 1010.1. Testing results shall be obtained as soon as practicable.

(2) Alcohol Testing: All persons covered by paragraph c. except subparagraph (5), above, shall be tested for alcohol use using a National Highway Traffic Safety Administration-approved breath alcohol test. A DoD approved blood alcohol test may be used in place of a breath alcohol test, provided forensic chain-of-custody controls are maintained over samples from collection until results of analysis are determined.

(3) Dependency: Individuals covered by section c., above, shall be medically evaluated for dependency using appropriate medical/psychiatric criteria.

f. Discharge Policy:

(1) Separation for Drug or Alcohol Dependency: The enlistment or appointment of any person determined to have been dependent on drugs or alcohol at the time of such enlistment or appointment shall be voided as a release from custody or control of the Military Service as provided by DoD Directive 1332.14, enclosure 3, part 2.C.3.b. A person whose enlistment or appointment is voided shall be referred to a civilian treatment facility.

(2) Enlisted Policy: The basis for discharge of enlisted members under the policies established by this memorandum shall normally be erroneous enlistment (uncharacterized) as provided by DoD Directive



1332.14, enclosure 3, part 1.E.2. The Military Services are not precluded in appropriate cases from taking disciplinary action against a member or processing a member for discharge, with or without a characterization, under an alternative basis. The counseling requirement in DoD Directive 1332.14 for separation based on entry level performance and conduct is waived for the purposes of discharge resulting from initial entry drug and alcohol testing under this memorandum.

(a) Enlisted personnel who refuse to consent to testing or evaluation during LEAD or who are confirmed positive for cocaine shall be discharged.

(b) Enlisted personnel confirmed positive for THC alone shall be discharged unless the Secretary of the Military Department concerned or his/her designee grants a waiver following an individual assessment of the particular case.

(c) Enlisted personnel confirmed positive at a 0.05 percent blood alcohol level and who are not alcohol dependent shall be discharged unless the Secretary of the Military Department concerned or his/her designee grants a waiver following an individual assessment of the particular case.

(d) During national emergencies when conscription is authorized, Secretaries of the Military Departments may retain inductees who test positive for drugs or alcohol if deemed appropriate considering all relevant factors at the time.

(3) Officer Policy:

(a) Applications for appointment as cadets or midshipmen shall be disapproved if the applicants refuse to consent to drug or alcohol testing or evaluation, are confirmed positive for THC or cocaine, or are dependent on drugs or alcohol.

(b) Appropriate disenrollment action shall be taken against an ROTC member upon refusal to consent to testing or evaluation, a positive test for THC or cocaine or diagnosis of dependency, and no offer of appointment shall be made to such individual. Positive drug test results or refusal to consent to testing or evaluation may be treated as evidence of misconduct on the part of the ROTC member for purposes of recoupment or ordering to active duty in an enlisted status. Only those cadets confirmed positive for THC alone and who receive a waiver from the Secretary of the Military Department concerned or his/her designee may be ordered to active duty, except during periods of conscription.

(c) Officers who are tested after appointment under this policy and are found positive for THC or cocaine, or who refuse to consent to testing or evaluation, shall be given an uncharacterized discharge unless the separating authority determines, under Service regulations, that a characterized discharge is more appropriate based upon other misconduct. Use this memorandum as authority to make a pen-and-ink change to DoD Directive 1332.30; on page 7-1, at the end of para. B.2.a, add the following: An uncharacterized discharge shall be rendered for members separating under provisions of 10 U.S.C. Chapter 60, as amended in part by Section 521, P.L. 100.456, September 29, 1988, New Entrant Drug and Alcohol Testing."

(d) Individuals covered under c.(2), (3), or (4), above, and who are

confirmed positive at a 0.05 percent blood alcohol level and who are not alcohol dependent shall be denied appointment or discharge, as appropriate, unless the Secretary of the Military Department concerned or his/her designee grants a waiver following an individual assessment of the particular case.

(4) Notification of Discharge: Members separated as a result of the new entrant drug/alcohol testing policy must be properly identified during screening of applicants by the MEPSS and recruitment centers in the event they apply for reentry (or entry to another Service or component). Therefore, the individual's name, SSAN, reentry code and other appropriate data shall be furnished to the Defense Manpower Data Center (DMDC) by the separation authority within 2 duty days following separation.

g. Transition Provisions: The Assistant Secretary of Defense for Force Management and Personnel (or his/her designee) is authorized to establish procedures for an orderly transition to this policy and provide any required clarifications not in conflict.

Donald J. Atwood  
Deputy Secretary of Defense

STANDARD ABBREVIATIONS FOR THE MILITARY PERSONNEL  
DRUG ABUSE TESTING PROGRAM

A. Abbreviations for Basis for Collection of Specimens

1. Inspection	IO
a. Random	IR
b. Unit	IU
2. Probable Cause	PO
3. Consent	VO
4. Rehabilitation	RO
5. Mishap Investigation	AO
6. Command Directed	CO
7. Medical	MO
8. New Entrant	NO
9. Other	OO
a. Field Test	OF

B. Discrepancy Codes

1. Specimen	S
a. Quantity	SQ
b. Adulterated	SA
2. Label	L
a. SSN	LS
b. Initials	LI

c.	Date	LD
d.	Number - Specimen	LN
3.	Form	F
a.	Type	FT
b.	SSN	FS
c.	Number - Specimen	FN
d.	Custody	FC
e.	Other	FO
4.	Package	P
a.	Seal	PS
b.	Postal Regulation	PP
c.	Tampering	PT
5.	Bottle	B
a.	Type	BT
b.	Tape (Seal)	BS
c.	Leak	BL
d.	Damaged	BD
e.	Bottle - Name	BN
6.	Multiple Discrepancies	MD
7.	Other	O
a.	Missent	OM
b.	laboratory Accident	OL
C.	Drug Abbreviations	
1.	Amobarbital	AMO
2.	Amphetamine	AMP
3.	Benzoyllecognine	BZE
4.	Butalbital	BUT
5.	Cocaine	COC
6.	Codeine	COD
7.	Ecognine Methyl Ester	EME
8.	Fentanyl	FEN
9.	Heroin	HER
10.	Lysergic acid diethylamide	LSD
11.	Marijuana	THC
12.	Methamphetamine	MET
13.	3-Methoxy-4,5-methylene dioxy amphetamine	MDM
14.	3, 4-Methylene dioxy amphetamine	MDA
15.	Morphine	MOR
16.	Pentobarbital	PEN
17.	Phencyclidine	PCP
18.	Secobarbital	SEC